

# **EXHIBIT F**

## Section 6: EWAP REQUEST FORM

SENSITIVE -- LIMITED OFFICIAL USE

### EMERGENCY WITNESS ASSISTANCE PROGRAM REQUEST

Request Date November 12, 2002 USAO Case# 2002R00700 V/W Coord Assigned \_\_\_\_\_  
Requesting AUSA Teresa Pesce/Glenn Colton Section White Plains Phone# 914-993-1936

Agent/Officer Andrew Boss, ATF Inv Agency Case# \_\_\_\_\_

Case Name USAO number is for witness' case. He is a witness in multiple cases

Witness Name Charles Melvin

Witness Aliases Flip FBI/Other# 184310JA7

#### PROPOSED SERVICES

Description of Services: Melvin will testify both before the grand jury and at several trials. He is scheduled to go before the grand jury on November 14, 2002. He will testify in the case of US v. Deshawn Ferrell, et al., an indicted case where the trial date has not yet been set. As he and his family members have received threats, it is necessary to move him out of the jurisdiction to insure his and his family's safety.

Estimated Cost \$ 5,100 Anticipated Service Dates: Start 11/6/02 End 12/6/02

Name and relationship to witness of all other family/household members who would also receive services:

Charles Melvin wife and three children

3502-U

*Emergency Witness Assistance Program Manual*

***Section 6: EWAP REQUEST FORM***

REDACTED

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REDACTED

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*Emergency Witness Assistance Program Manual*

**EMERGENCY WITNESS ASSISTANCE PROGRAM**

**ACKNOWLEDGMENT FORM**

I, Charles Melvin, understand that as a result of my cooperation and/or pending testimony for the United States Attorney's Office for the SDNY, I may be in danger.

All of the terms and conditions of the Emergency Witness Assistance Program have been explained to me by Wendy Olsen of the United States Attorney's Office, and I fully understand these terms and conditions and what services may be available to me.

I understand that any assistance given to me through the Emergency Witness Assistance Program does not constitute protection and that my family and I may still be in danger.

I understand that I retain the responsibility to meet any release conditions imposed on me by a court and that I must continue to meet any other court obligations.

I understand that I must continue to abide by any child custody, child visitation, and child support obligations imposed on me by any court.

I will be responsible to pay for any damage to property that I cause when I am staying in a place for which the United States Attorney's Office is providing funds.

3502-V

Date: 11/14/02

Charles Melvin  
Witness's Signature

Date: 11/14/02

Witnessed by: [Signature] ATF  
Assistant United States Attorney or  
Victim-Witness Coordinator

\$ 2,520  
1,000

**Section 7: DECLINATION FORM**

**EMERGENCY WITNESS ASSISTANCE PROGRAM**

**DECLINATION FORM**

I, Charles Melvin, understand that as a result of my cooperation and/or pending testimony for the United States Attorney's Office for the SDNY, my life may be in danger.

I understand that I may be eligible for relocation and protection by the United States Marshal's Service and that my family can also be relocated and protected.

I have been offered the option of applying to the Witness Security Program with the understanding that, if accepted into that program, the United States Marshal's Service would provide me with relocation and protection. I hereby decline to apply for that program.

I understand the danger to me and my family if I do not accept protective services.

11/14/02  
Date

Charles Melvin  
Signature

Date: 11/14/02

Witnessed by: [Signature] ATF  
Assistant United States Attorney or  
Victim-Witness Coordinator

3502-W

## **Section 8: ACKNOWLEDGMENT FORM**

### **EMERGENCY WITNESS ASSISTANCE PROGRAM**

#### **ACKNOWLEDGMENT FORM**

I, Charles Melvin, understand that as a result of my cooperation and/or pending testimony for the United States Attorney's Office for the Southern District of NY, that I may qualify for assistance under the Emergency Witness Assistance Program.

All of the terms and conditions of the Emergency Witness Assistance Program have been explained to me by Teresa Pesce / Wendy Olsen-Clancy of the United States Attorney's Office, and I fully understand these terms and conditions and what services may be available to me.

I understand that any assistance given to me through the Emergency Witness Assistance Program does not constitute protection for me, my family, or anyone else.

I understand that I retain the responsibility to meet any release conditions imposed on me by a court and that I must continue to meet any other court obligations.

I understand that I must continue to abide by any child custody, child visitation, and child support obligations imposed on me by any court.

I will be responsible to pay for any damage to property that I cause when I am staying in a place for which the United States Attorney's Office is providing funds.

Date: 11/6/02

Charles Melvin  
Signature

Date: 11/6/02

Witnessed by: [Signature] ATF  
Assistant United States Attorney or  
Victim-Witness Coordinator

3502-X

\$980

## **Section 7: DECLINATION FORM**

### **EMERGENCY WITNESS ASSISTANCE PROGRAM**

#### **DECLINATION FORM**

I, Charles Melvin, understand that as a result of my cooperation and/or pending testimony for the United States Attorney's Office for the Southern District of New York, my life may be in danger.

I understand that I may be eligible for relocation and protection by the United States Marshal's Service and that my family can also be relocated and protected.

I have been offered the option of applying to the Witness Security Program with the understanding that, if accepted into that program, the United States Marshal's Service would provide me with relocation and protection. I hereby decline to apply for that program.

I understand the danger to me and my family if I do not accept protective services.

Date: 11/06/02

Signature: Charles Melvin

Date: 11/06/02

Witnessed by: [Signature] ATT  
Assistant United States Attorney or  
Victim-Witness Coordinator